KOLAR Document ID: 1728941

WATER WELL RECORD (WWC-5)

KOLAR DOC ID

Correction

Lease Name & Well #:

of boreholes: _____ # of dewatering wells: _

Original Record

WELL ID_____ Change in Well Use

LOCATION OF WATER WELL

Latitude	Longitude	Section	Township	Range	E W	Fraction	1⁄4	1⁄4	1⁄4
Datum	Elevation	County							

WATER WELL OWNER

Name					
Business					
Address					
Well location					
at owner's address					

CONSTRUCTION

Borehole interval:	Borehole diameter:
fromtoft.	in.
fromtoft.	in.
Casing height above land su	
If casing height is less th has a variance been app *variance not required fo	roved?* Yes No
or environmental reme	U U
Casing type:	
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Blank casing interval:	ft. toft.
Blank casing diameter:	in.
Casing joints:	
Weight:lbs	s/ft.
Wall thickness or gauge	no.:
Grout interval: ft. to	oft.
Grout material:	
Grout interval: ft. to	oft.
Grout material:	
Screen / perforation material	:
Screen / perforation opening	gs:
Screen / perforation interval	s:
Fromft. to	_ft.
Slot size unit	
Fromft. to	_ft.
Slot size unit	
Gravel pack intervals:	
Gravel pack not used:	Gravel size in
From ft. to	ft.
Gravel pack not used:	
From ft. to	

	County				
WELL	WATER U	SE			
сом	PLETION				
Dept	th of comp	leted well	:		ft.
Dep	th(s) groui	ndwater e	ncounter	ed:	
(1)_	ft.;	(2)	ft.;		
(3) _	ft.;	(4) c	lry well		
Stati	c water lev	el in well:		ft.	
	neasured b n (mm/dd		surface		
	neasured a n (mm/dd		surface		
Estir	nated yield	l:	gpm		
Wate	er level wa	8:	_ft. after		hours
		F	oumping		gpm
Pum	p installed	? Yes	No		
Wate	er well disi	nfected?	Yes	No	

NEAREST SOURCE OF	POTENTIAL CONTAMINA	TION
Source:		
Distance from well:	Direction from well:	
Source description:		
Source:		
Distance from well:	Direction	
Source description:		
No potential source within 100 feet.	ce of contamination	
PERMIT & ID NUMBE	RS (AS REQUIRED)	
DWR Application No	.:	
	Code:	
Site Name:		
KDHE UIC Class V F	Form Completed: Yes	No
County Permit: Yes	No Permit ID:	

Aquifer, if known:

Date disinfected (mm/dd/yy):

FROM	то	LITHOLOGY INTERVALS				

COMMENTS

CONTRACTOR'S OR LANDOWNERS CERTIFICATION

This water well was constructed	reconstructed	pursuant to the stated water well
contractor's license and was complete	ed on	I certify that this record is true to
the best of my knowledge and belief.	This water well rec	ord was completed on
under the business name of		,
Kansas Water Well Contractor's Lice	nse No	under the authority of the designated
person as defined in K.A.R. 28-30-2(j) and signed and c	ertified by the electronic signature of the
designated person at its submittal:		
Send one copy to WATER WELL OWNER	and retain one for you	r records. Fee of \$5.00 for each constructed well
KANSAS DEPAR	TMENT OF HEALTH	AND ENVIRONMENT

Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka KS 66612-1367 (785) 296-3565 | K.S.A. 82a-1212 | v2022c

Form	WWC5.2 - Water Well Record		
Doc ID	1728941		
Well Owner	Todd Cochran		
Contractor	NuMac LLC		

Lithology

From	То	Lithology Intervals
0	3	topsoil
3	16	limestone,unknown
16	21	shale,unknown
21	39	limestone,unknown
39	57	shale,unknown,sandy,water
57	72	limestone,unknown
72	79	shale,unknown
79	112	limestone,unknown
112	133	shale,unknown,water
133	141	limestone,unknown
141	160	shale,unknown